PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number Filing Date 02/01/200				To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN
Г	FOR	N	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		П	N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), o	or (m))	N/A		N/A		П	N/A]	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		П	N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		3 minus 20 =		• 0		П	x \$ =		OR	X \$50 =	0
	EPENDENT CLAIM CFR 1.16(h))		1 minus 3 =		• 0		H	x \$ =]	X \$200 =	0
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$25 additi	If the specification and sheets of paper, the ap is \$250 (\$125 for smal additional 50 sheets or 35 U.S.C. 41(a)(1)(G)			ll entity) for each r fraction thereof. See						
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16()))]		
* If	the difference in colu	umn 1 is less than	zero, ente	r "0" in c	olumn 2.		•	TOTAL]	TOTAL	0
L	APPI	LICATION AS (Column 1)	(Colu		OTHER THAN SMALL ENTITY OR SMALL ENTITY							
AMENDMENT	02/04/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ğΙ	Total (37 CFR 1.18(i))	• 9	Minus	 20		= 0	H	x \$ =		OR	X \$50=	0
١Ħ	Independent (37 CFR 1.16(h))	• 2	Minus	3		= 0	П	x \$ =		OR	X \$210=	0
Σ	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR		
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0			
(Column 1) (Column 2) (Column 3)												
L		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ΞI	Total (37 CFR 1,18(i))	*	Minus	**		=	H	x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1/16(h))		Minus	***		:	H	x \$ =		OR	x s =	
띪	Application Size Fee (37 CFR 1.16(s))]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
							٠.	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
**	If the entry in column 1 is less than the entry in column 2, write "or in column 3. Legal Instrument Examiner: If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If											

This collection of information is required by 37 CFR. 1.16. The information is required to obtain or retain a benefit by the public with in it is lief land by the LISPTO to process) an application. Confidentiality is overwined by 80 LSC. 122 and 37 CFR. 1.14. This collection is estimated to take 12 minutes to complete, including pathering, preparing, and submitting the completed application form to the LISPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.